				MKD CER	RTIFICATE O	F DEATH		39 -	020	ひんび
	FD JUL 7 Registration District N	1959	Prin	ary Registration	District No	Registrar's No.	3. <i>T</i>	STAT	E FILE NUN	BER
1=	1. PLACE OF DEATH a. COUNTY	DeKalb				2. USUAL RESIDEN a. STATE MO		ased lived. If in		esidence befo edmission)
-	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1					c. CITY OR				Inside Limits
I _	TÖWN Clarksdale				Life	TOWN C1	arksdal	.ө		Yes 🏋 No [
_	c. FULL NAME OF HOSPITAL OR INSTITUTION	HOME II	_		Inside Limits Yes No 🗆	d. STREET ADDRESS	(if	outside, give locat	tion)	Reside on Far Yes No
	3. NAME OF DECEA (Type or print)		rle y	Alv	viddle vin	Carroll	4. DATE OF DEATH	6-28-5	9 Day	Year
	5. SEX Male	Wh:	or race	7. Married X Widowed [Divorced [2-14-187	8 81	irthday) IF UNDI Months	Days	Hours M
l_	during most of warking life, even if retired)			farn		Mo		U.:	S.A.	HAT COUNTE
	-			1	OTHER'S MAIDEN NAM		1	ame of Husband .zema Ca:		
Ιī	Frank Carroll 15. WAS DECEASED EVER IN U.S. ARMED FORCES?			16. SC	lary Dishmocial Security No.	17. INFORMANT	121	Zema Ca.	1.1.011	
Ċ	(Yes, np. or unknown) (If yes, give war or dates of service)					Elzema	Carroll			
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CATCLION Type INTERVAL BE CONSET AND Type Type INTERVAL BE CONSET AND Type INTERVAL BE CONSET AND Type Typ									
	PAR	T I. DEATH WA	S CAUSED BY:	C	7 Cinon	· 2 -	icens	eibl	ONS	SET AND DEA
	Conc whic abov stati	T I. DEATH WA	S CAUSED BY:	<u></u>	Zcinon	8-	yen	libl	ONS	SET AND DE
CATION	Conc whic abov stati lying	IMMEDI. ditions, if any, the gave rise to receive (a), mg the undergrause last. T. II. OTHER SI	ATE CAUSE (a) DUE TO (b) DUE TO (c)	Cot	7CC TO DEAT	(H but not related to		PART III. If d	leceased was a pregnance	vas female
CERTIFICATION	Conc whic abov stati lying	ditions, if any, the gave rise to eccause (a), ng the underg cause last. T II. OTHER SIG disease col	S CAUSED BY: ATE CAUSE (a) DUE TO (b) DUE TO (c) GNIFICANT COndition given in	Cot	TCINONAL TO DEAT	TH but not related to	the terminal	PART III. If dithere	leceased was a pregnances No	vas female y in last 90
ICATION	Conc whice above statin lying PAR* 19. WAS AUTOPS' PERFORMED? YES \(\) NO \(\) 20c. TIME OF H INJURY &	ditions, if any, the gave rise to cause (a), ng the undergouse (a), ng the undergouse (a) and the undergouse (a). T II. OTHER Structure (disease continued on the undergouse) Month, I. Outer (a) (b) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	DUE TO (b DUE TO (c GNIFICANT CC Indition given in ENT SUICIDE Day, Year	ONDITIONS COIN PART I (a)	NTRIBUTING TO DEAT	W INJURY OCCURRED.	the terminal	PART III. If dithere	leceased was pregnances No	vas female y in last 90 D Unk
CERTIFICATION	Conc which above statistic states of the concept of	ditions, if any, the gave rise to the cause (a), ng the undergrave (a), ng the undergrave (a) and the undergrave (b). Y 20a. ACCIDING Month, Inc., m.	DUE TO (b DUE TO (c GNIFICANT COndition given in Day, Year 20e, PLACE	ONDITIONS COIN PART I (a)	NTRIBUTING TO DEAT 20b. DESCRIBE HO		the terminal	PART III. If dithere	leceased was pregnances No	vas female y in last 90 D Unk
CERTIFICATION	Conc which w	ditions, if any, the gave rise to cause (a), not the undergo cause last.) T II. OTHER SIGNING the undergo cause last.	DUE TO (b DUE TO (c GNIFICANT COndition given in Day, Year 20e, PLACE	ONDITIONS COLOR PART I (a) HOMICIDE OF INJURY (e.g.	NTRIBUTING TO DEAT 20b. DESCRIBE HO ,, in or about home, fice bldg., etc.)	W INJURY OCCURRED.	the terminal (Enter nature of LOCATION	PART III. If defined there injury in PART 1 c	leceased was pregnances No	/as female y in last 90 D Unk of item 18.)
MEDICAL CERTIFICATION	Tone which which above stating lying PAR* 19. WAS AUTOPS: PERFORMED? YES NO DESCRIPTION NOT WHILE AT WE NOT W	ditions, if any, he gave rise to eccave (a), ng the undergrade (a), ng the undergrade (a), ng the undergrade (a). T II. OTHER SIGNING (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	DUE TO (b DUE TO (c GNIFICANT CO ndition given in ENT SUICIDE Day, Year 20e. PLACE farm, fo	ONDITIONS COINT PART I (e) E HOMICIDE OF INJURY (e.g. actory, street, of the part in the	20b. DESCRIBE HO	20f. CITY, TOWN, OR 2 28 19 9 note that stated above, a 22b. ADDRESS	the terminal (Enter nature of LOCATION LOCATION Last saw him ali and to the best of	PART III. If definere injury in PART 1 co	leceased was pregnances No Nor PART III of Nor	vas female y in last 90 D Unk of item 18.) STAT 175-9 ses stated. 22c. DATE SIG
MEDICAL CERTIFICATION	Conc which which which which above stating the stating of the stat	ditions, if any, the gave rise to ce cause (a), ng the undergrave rise to the cause last. T II. OTHER SII disease con Month, last. Y 20a. ACCIDIONAL MONTH, last. JURRED DRK AT WORK AT WORK AT WORK AT WORK AT WORK AT AT WORK AT	DUE TO (b DUE TO (c GNIFICANT CO Indition given in ENT SUICIDE Day, Year 20e. PLACE farm, fa	OF INJURY (e.g. actory, street, of ree or title) 23c. NAME C18	TODAY NTRIBUTING TO DEAT 20b. DESCRIBE HO 20b. DESCRIBE HO 7, in or about home, fice bldg., etc.) 7 no from on the or create of the control of the cont	20f. CITY, TOWN, OR 2 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the terminal (Enter nature of LOCATION last saw him ali and to the best of	COUNTRY knowledge, for alle	ons leceased wa pregnances No Nor PART II of Nor PART III of N	/as female y in last 90 D Unk of item 18.)
MEDICAL CERTIFI	19. WAS AUTOPS PERFORMED? YES NO 20c. TIME OF INJURY PPERFORMED? 20c. TIME OF INJURY OCCUMHILE AT WO NOT WHILE AT WE NOT WHILD WHILE AT WE NOT WHILE AT WE WE WE NOT WHILE AT WE WE WE WE WE WANT WHILE AT WE WE WE WE WANT WH	ditions, if any, the gave rise to ce cause (a), ng the undergrave rise to the cause last. T II. OTHER SII disease con Month, last. Y 20a. ACCIDIONAL MONTH, last. JURRED DRK AT WORK AT WORK AT WORK AT WORK AT WORK AT AT WORK AT	DUE TO (b DUE TO (c GNIFICANT CO Indition given in ENT SUICIDE Day, Year 20e. PLACE farm, fa	OF INJURY (e.g. actory, street, of	Tonon NTRIBUTING TO DEAT 20b. DESCRIBE HO 20b. DESCRIBE HO 7, in or about home, fice bldg., etc.) 7 m on th OF CEMETERY OR CRE 125. DAI	20f. CITY, TOWN, OR 2 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the terminal (Enter nature of LOCATION last saw him ali and to the best of	PART III. If definere injury in PART I co	ons leceased wa pregnances No Nor PART II of Nor PART III of N	ses stated. (State)

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by
or by	, Student Embalmer No
working under my personal supervision.	Signed Signed
Signature of Student Embalmer	
	Licensed Embalmer No. 3933
·	P. O. Address Maysville Mo

. Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

if this body is not embalmed, fact should be so stated above.